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ABSTRACT

The National Center for Missing and Exploited Children (NCMEC) compiled this guide for schools, community groups, and individuals who are choosing programs that teach personal safety to children. A task force of eight other organizations contributed to the guide. The guide defines child victimization as sexual abuse and assault, abduction, bullying, and school violence, and then provides background on safety education, including history, schools role in prevention, assumptions of education programs, and goals. The guide next provides characteristics and essential elements of effective programs based on a literature review and the collective experience of the task force. Points mentioned include: targeting of young children, skills acquisition, increased disclosure of inappropriate behavior, avoidance of unnecessary anxiety, theoretical basis, developmental appropriateness, consideration of special needs children, program content and duration, presenters, and modes of presentation. The guide includes a preparation checklist, curriculum scorecard, and program evaluation checklist. A summary research review, endnotes, and addresses of task force members conclude the guide. (KK)

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Guidelines for Programs to Reduce Child Victimization: A Resource for Communities When Choosing a Program to Teach Personal Safety to Children.

Mary Hawkins

National Center for Missing and Exploited Children

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention

1999

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GUIDELINES FOR PROGRAMS TO REDUCE CHILD VICTIMIZATION: A Resource

FOR COMMUNITIES WHEN CHOOSING A PROGRAM TO TEACH PERSONAL SAFETY TO CHILDREN

The National Center for Missing & Exploited Children® (NCMEC) has a twofold mission to

- **find missing children and**
- **prevent the victimization of children**

To achieve the second part of that mission, every child should receive instructions on personal safety that are positive, comprehensive, and effective.

NCMEC often is asked to make recommendations, endorse programs, and provide guidance to schools, community groups, and individuals who are trying to choose among various programs that teach personal safety to children. NCMEC does not endorse specific products or programs; however, we undertook a comprehensive process to develop guidelines for educational programs in the hope that educators and parents will use these criteria to review proposed programs. These guidelines are not legal standards, and they are not community-specific. They can, however, provide a framework for communities when selecting safety programs and making curriculum decisions. We also hope that they will raise questions and make school decision-makers think about how they can provide the most effective program possible—one that

- **children will enjoy and understand**
- **will change children's behavior to help keep them safer**

For years we have known that 30-minute "stranger danger" programs presented once a year are not adequate. But what is adequate? Today, research and evaluation are available on various educational programs and approaches. Although there is still much to be learned, NCMEC feels that we have a basis on which to make judgments regarding the key elements and content of effective programs.

In developing these guidelines, NCMEC joined with leading experts in the field. We are grateful for their time, energy, creativity, and commitment. Participants represent a broad cross-section of agencies and organizations working on behalf of children. The content of this report is the product of their collaboration and analysis. Members of NCMEC's Education Standards Task Force are listed at the end of this report.

What we learned is that all training and educational materials proposed for use by schools and organizations that serve children should

- **be based on accepted educational theories**
- **be appropriate for the age and educational and developmental levels of the child**
- **offer concepts that will help children build self-confidence in order to better handle and protect themselves in all types of situations**
- **have multiple program components that are repeated several years in a row**
- **utilize qualified presenters who use role-playing, behavioral rehearsal, feedback, and active participation**

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The **"Preparation Checklist,"** **"Curriculum Scorecard,"** and **"Program Evaluation Checklist"** are tools to help guide communities in the selection, placement, and evaluation of safety programs.

BEFORE SETTING EDUCATIONAL guidelines for programs to reduce child victimization, it is important to step back and take a look at the need for these programs.

Scope of the Problem

Statistical data underscore the need for safety education for children.

Child Sexual Abuse and Assault

- 84,320 confirmed cases of sexual abuse were reported in the United States in 1997[1]
- Teenage girls are among the most frequent victims of sexual assault[2]
- 61 percent of all rape victims are younger than 18[3]
- 90 percent of rape victims younger than 12 knew their offender[4]

Note: A report, based on interviews with offenders who sexually abused their victims, found that a threat by a child to inform an adult about an assault would have had a deterring effect on the offender's behavior.[5]

Missing Children

- 932,190 persons (adults and juveniles) were reported to police as missing in 1998 and were entered into the Federal Bureau of Investigation's National Crime Information Center (NCIC) computer[6]
- 85 to 90 percent of missing persons are juveniles; therefore, on average, 2,200 children are reported missing each day of the year[7]

Child Abductions

In a one-year period, there were approximately

- 114,000 attempted nonfamily abductions
- 3,200 nonfamily abductions
- 354,000 family abductions[8]

Note: The average victim of abduction and murder is an approximately 11-year-old girl who is described as a "low-risk," "average" child with a stable family relationship and has initial contact with the abductor within a quarter mile of her home.[9]

Bullies

- A survey of a group of eighth-graders and another group of counselors, teachers, and administrators in the same schools in New York found that 58.8 percent of the students said that they had been "bothered by a bully" while in middle school. In contrast, staff members believed that only 16 percent of the students had been victims of bullies.[10]
- Between 5 and 15 percent of children are suffering harsh and repeated abuse at school.[11]
- Research shows that victims who are exposed to bullies over a long period eventually become either withdrawn or aggressive. In extreme cases, they can become suicidal or take violent revenge on others.[12]

School Violence

School violence between youths is frequently lethal. Research reveals that children who witness violence in the home are more likely to become predators or victims of violence later on. But, reacting violently to adverse circumstances is a learned behavior that can be "unlearned."[13]

History of Safety Education for Children

Over the years, educational programs on personal safety for children have evolved from "Don't talk to strangers" to comprehensive programs that are a part of school curricula. Largely as a result of wide reporting in the media of cases of child abductions and child abuse data in the 1980s, the public became more aware of child victimization. This heightened public awareness led to a rapid

increase in the number of programs created and implemented to reduce the victimization of children. Because these programs evolved so rapidly and changed so often, it is difficult to measure positive changes in the behavior of the children who participated in these programs.

Role of Schools in Prevention Efforts

Schools have become the center of prevention efforts. Children learn a great deal in the classroom about the basic rules for living. Schools offer an already existing system for delivering educational messages. Thus, it is important for schools to provide children with accurate information about their personal safety. Programs on child safety that are taught in the schools should be designed to increase children's ability to recognize and avoid potentially dangerous situations and help better protect themselves. Equally important is the development of self-esteem at every level of the educational process, because children with self-confidence are less likely to be victimized.[14]

Only 15 states now mandate safety education in schools.[15] We believe that all schools should have some type of program on personal safety, even when it is not mandated by their state. Often, educators lack a set of general guidelines against which to measure the quality and effectiveness of prevention programs. The purpose of this document is to fill that void.

CHILDREN NEED EDUCATION ON PERSONAL SAFETY

STORIES OF CHILD ABDUCTION, abuse, and exploitation frighten both parents and children. Although it is natural for parents to fear for the safety of their children, there is growing information that prevention education works. Research has established that children can be given the tools and knowledge to be safer. NCMEC is committed to strengthening and enhancing these programs because it believes that education plays a major role in making children safer.

The Assumptions

- If we can improve the knowledge, self-confidence, and assertiveness skills of children, then they will be safer because they will be better able to recognize danger and resist potential offenders.
- If we can improve the knowledge, self-confidence, and assertiveness skills of children, then we will be able to deter many offenders who look for and prey on vulnerable children.

- If we can improve the knowledge, self-confidence, and assertiveness skills of children, then we can break the "cycle of victimization" in which some of those who have been victimized later become offenders.

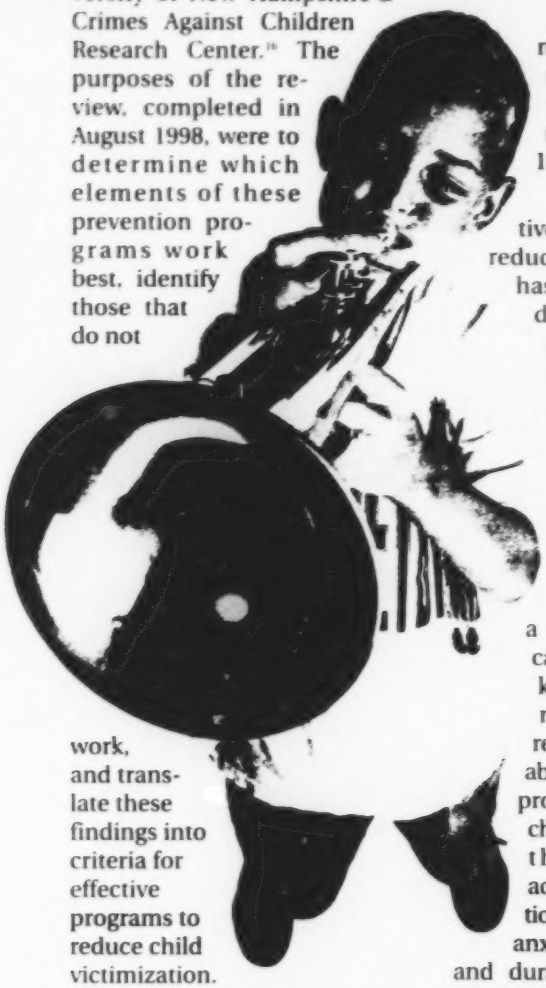
The Goals

- To enhance a child's ability to avoid victimization
- To enhance a child's self-esteem
- To reduce the feelings of guilt and blame that often are associated with victimization
- To promote disclosure of abuse and victimization
- To enhance and coordinate community response
- To enhance communication between parents and children about personal safety
- To reinforce adult supervision and protection
- To deter offender behavior

WHAT IS AN EFFECTIVE PROGRAM?

BECAUSE most of the programs currently in use to reduce child victimization have been in effect for less than a decade, no definitive scientific analysis of these programs has been completed. Even though definitive research on reducing child victimization is lacking, extensive research has been conducted on other types of programs that have been part of school curricula for years to promote child safety such as programs on driver training education and suicide prevention. Thus, NCMEC commissioned a review of the

research literature in this area. The study was conducted by Ruth Luna, M.A., and David Finkelhor, Ph.D., at the University of New Hampshire's Crimes Against Children Research Center.[16] The purposes of the review, completed in August 1998, were to determine which elements of these prevention programs work best, identify those that do not work, and translate these findings into criteria for effective programs to reduce child victimization.



From this research we learned that some approaches to prevention education have been successful. The challenge, however, for programs to reduce child victimization is that most of the programs that are currently available lack the elements of an effective program. Of the programs studied, the successful ones

- were intense
- were offered over many years
- were fully utilized
- had multiple components

Key findings from this review, details about the research, and a bibliography of the articles reviewed are on page 16.

Although no definitive study of programs to reduce child victimization has been completed to date, more than 40 research articles on this topic have been published in the past 10 years. A meta-analysis by Berrick and Barth[17] and six other major reviews of the research[18] reached similar conclusions—these programs produce a small but statistically significant gain in knowledge. Other pertinent findings in these reviews offer insights about the effects of these programs based on a child's age at the time of the program, skills acquisition and application, disclosure, fear and anxiety, program content and duration, presenters, and mode of presentation.

Age

Programs to reduce child victimization have the strongest effect on children who are in elementary school or younger.

- A study of children in kindergarten through second grade who participated in a prevention program found that the children would tell a responsible adult if they were victimized, both when forced and told by the offender to keep the encounter a secret.[19]
- A study of preschool-aged children found that students in the prevention program demonstrated significantly greater knowledge and higher levels of personal-safety skills after the program than children who were not in the program.[20]

Skills Acquisition and Application

There is considerable indirect evidence, based on children's responses to written, verbal, or videotaped safety vignettes, showing that children can learn and apply personal-safety skills.

- Children can be taught to recognize appropriate and inappropriate touches and understand the difference.[21]
- Children can be taught assertiveness skills to help avoid an offender's advances.[22]
- Forty percent of 10- to 16-year-olds who participated in a telephone survey reported specific instances when they used the information or skills taught in an anti-victimization program to avoid suspicious strangers or get out of a fight.[23]

Disclosure

The few studies testing disclosure of abuse or exploitation are promising.

- In five of six schools in which prevention programs were offered, school guidance counselors received confirmed, multiple reports of inappropriate sexual or physical touching in the six months following the program, but no reports were noted in the group of children who did not participate in the program.[24]
- One study found that several children reported ongoing

sexual abuse, and, within six weeks of receiving a prevention program that was presented in three parts, even more reported incidents that had happened in the past.[25]

Fear and Anxiety

One concern about programs that try to reduce child victimization is that they cause unnecessary fear and anxiety in children. Recent research tends to ease this concern.

- A telephone survey found that children and parents who reported increased levels of fear or anxiety following the prevention program were also the most likely to rate the program as having had an overall positive effect and to have used the concepts in their daily lives.[26]

- In an evaluation of a particular program, no child was seen as reacting with anxiety about parental hugs and kisses.[27]

Program Content and Duration

Available research supports the thesis that more comprehensive programs that are repeated often produce greater results.

- A national incidence survey of children 10 to 16 years of age, conducted by telephone within the United States, reported that, across programs, the more comprehensive the material or the more programs attended, the higher the child scored on a short test of knowledge of prevention concepts.[28]

- Repetition of concepts in additional sessions added significantly to learning.[29]

Presenters

Available research indicates that many different types of presenters can be effective.

- A study comparing teachers and expert consultants as presenters found them to be equally effective.[30]

- A study comparing teachers and parents as instructors found parents to be equally and, in some cases, more effective at teaching their children about personal safety.[31]

Mode of Presentation

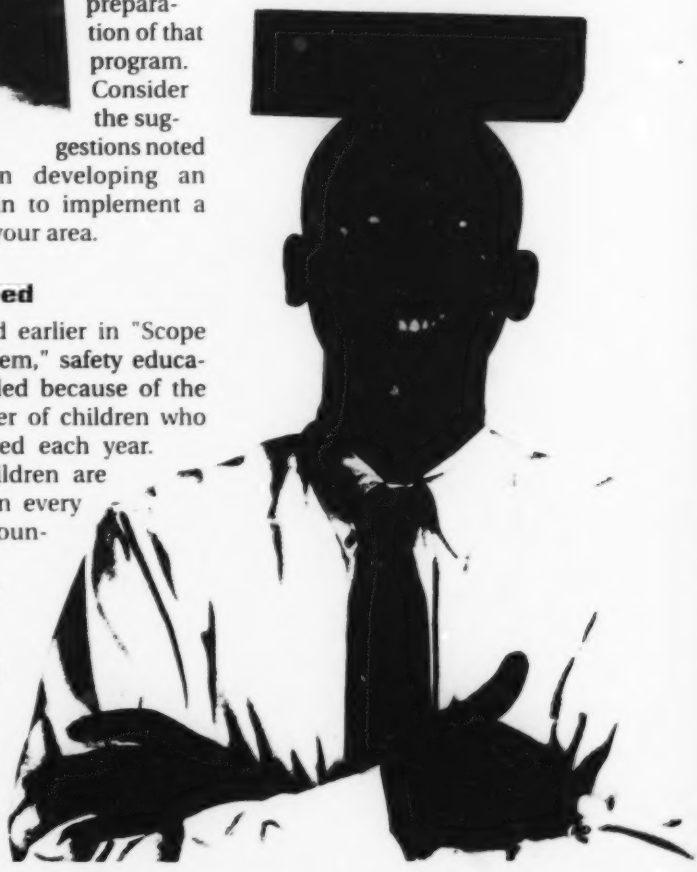
Role-playing and active rehearsal of desired behaviors are more effective for reinforcing the behavior to be learned than simply demonstrating.[32]

PREPARATION

The success of any program to reduce child victimization mainly depends upon the time and effort devoted to preparation of that program. Consider the suggestions noted below when developing an effective plan to implement a program in your area.

Define Need

As described earlier in "Scope of the Problem," safety education is needed because of the great number of children who are victimized each year. Because children are victimized in every part of the country, **each community needs to provide an educational program that better ensures the safety of the children in its area.** Given that communities have different standards, demographics, and problems resulting in different needs, no one safety program can meet the needs of every community.



Programs can and should be tailored to community standards and needs. The best way to ensure a successful outcome for a safety program is to be educated yourself about the nature of the problem and related concerns in your community. Check with parents, community officials, and organizations that deal with children in your area to learn about the needs in your community. Only then can a meaningful program be chosen or designed to meet the specific needs in your area.

Parental and Community Involvement

A primary objective of programs that try to reduce child victimization must be to involve children, parents, teachers, officials, key organizations, and the community at large. A coordinated community response with many phases or aspects has proved to be the best approach for achieving results. Prevention is not the responsibility of a single segment of society. It is everyone's responsibility. In addition, research tells us that parental and community involvement in the planning and implementation of these programs makes them more successful in terms of both community support and reinforcement of the desired prevention behaviors. The importance of parental involvement cannot be overstated. Parents' knowedge about the scope and nature of child abuse and exploitation and their understanding of the importance of communicating with their children on these sensitive issues are critical to the success of the program. A survey of children's attitudes found that children were more likely to consider a program interesting and helpful if it had information for them to take home and if it prompted a discussion with parents.[33]

Assess Existing Resources

Many programs and materials on reducing child victimization already exist. For the best results, conduct a thorough review of the available resources before selecting a program tailored for your community's specific needs. Also consider the many teaching aids available to both enhance and reinforce classroom lessons such as

- Audiovisual materials including films, tapes, and videos
- Books
- Coloring books
- Comic books
- Games
- Puppet shows
- Theatrical performances
- Workbooks

Know the Law

States have laws that deal with the liability of programs, mandatory reporting, and background checks on individuals who work with children. When you are considering programs that promote personal safety, consult your organization's attorney for a complete legal and risk assessment. Your attorney's advice is necessary not only to assess and avoid the liabilities that you may encounter but also to help you understand your obligations under your state laws.

Several web sites can help you access state statutes and court decisions. They include www.legalonline.com/courts.html, www.law.cornell.edu, www.ncsl.org/public/sitesleg.htm, and www.ncsl.org/pub-

lic/sitesgov.htm. Also, you can access the U.S. House of Representatives' Internet law library which contains the United States Code and Code of Federal Regulations, through the Library of Congress' site at thomas.loc.gov.

Choose Program

Once the community's needs are defined, parental and community involvement has been secured, existing resources have been evaluated and secured, and the legal ramifications have been assessed, a community is ready to select and implement its program. Tools included in this guideline to assist communities in this process are the "Preparation Checklist" on page 9, "Curriculum Scorecard" on page 13, and "Program Evaluation Checklist" on page 15.

Qualifications of Presenters

As mentioned earlier in "Presenters," a wide variety of presenters can be effective in teaching children safety concepts. At a minimum, presenters should meet qualifications that are set by the decision-making body of the sponsoring organization. Basic qualifications must include an ability to communicate well with children and handle, with sensitivity, a child's disclosure of abuse or victimization. Also a presenter, or available counselor, must be instructed in state-mandated reporting requirements if a child discloses abuse. Qualified counselors acting as program coordinators may need to be available to meet a child's personal needs. Regardless of who will be presenters, they must be required to undergo a mandatory background check (to identify any criminal record they may have) prior to presenting the program to children.

Provide Training for Concerned Groups

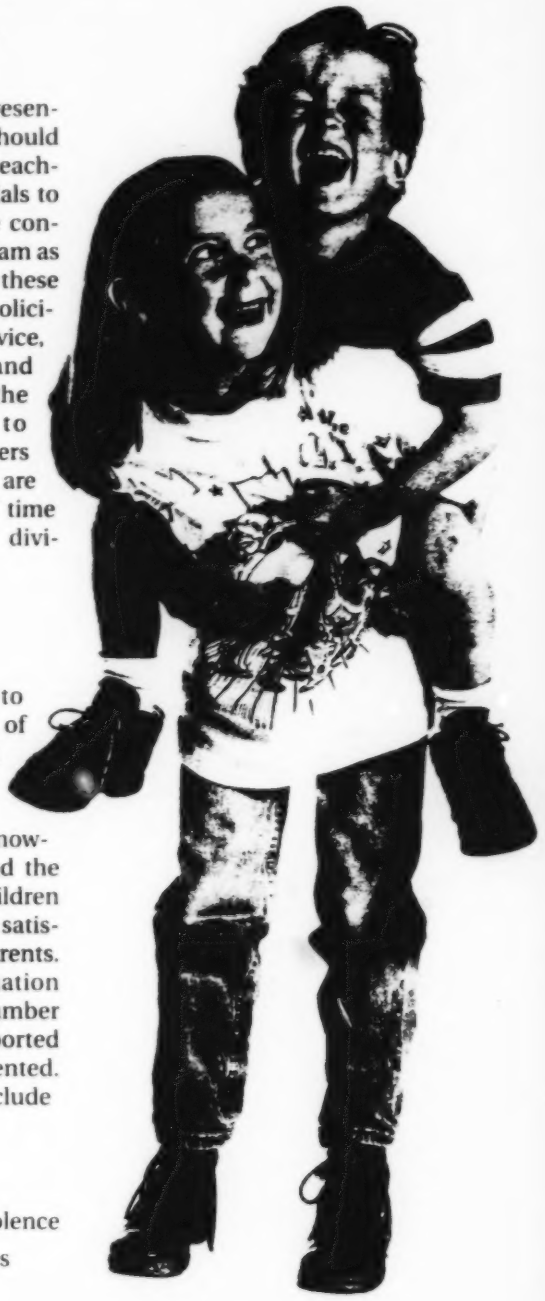
In addition to training presenters, similar preparation should be available for parents, teachers, and community officials to familiarize them with the content and goals of the program as well as the law. Involving these groups in the process, soliciting their counsel and advice, seeking their support, and equipping them with the knowledge necessary to become successful partners in the prevention efforts are important investments of time that will pay enormous dividends.

Develop an Evaluation Plan

A comprehensive plan to evaluate the effectiveness of the program must be in place before the program is implemented. The evaluation should test knowledge, skills, attitudes, and the behavioral change of children and also the attitudes and satisfaction of teachers and parents. In addition, the evaluation should document the number of incidents that are reported after the program is presented. Types of abuse need to include

- Abduction
- Bullying
- Fights/playground violence
- Inappropriate touches
- Physical abuse
- Sexual assault

The optimal evaluation includes pre- and post-testing to compare children who participate in the program with another group of children who do not participate.[14]

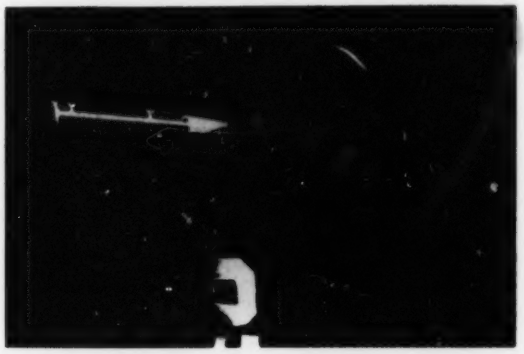


PREPARATION Checklist

Below is a checklist that ACAP has developed to assist you in preparing to implement your program. Before you begin, review the checklist and consider the steps you will take to address each item. Remember, the checklist is a guide to help you in your preparation. Your program may require you to do more than what is listed.

	✓
Assess Need	
Consult with families, teachers, and community leaders to assess the nature and scope of the victimization problem in your community. Consult with community officials from	
• Churches	
• Healthcare, especially pediatricians in the field of child abuse and exploitation and /or child psychologists	
• Law enforcement (school resource officers)	
• Local media (to document past cases)	
• Organizations that promote child welfare	
• School boards	
• Social services	
Select Topic	
Topics to consider include abduction (family and nonfamily), bullying, fighting/playground violence, inappropriate touches, physical and sexual assault, sexual harassment.	
Consult Relevant Groups	
The most successful programs involve individuals and groups that will be involved with the various aspects and phases of the program. Prior to selecting or offering a program to promote child safety in your community, ask for the advice of community representatives such as	
• Boys and girls clubs officials	
• Civic leaders	
• Clergy	
• Elected officials	
• Healthcare professionals	
• Leaders from the Boy Scouts and Girl Scouts	
• Members of the school board	
• Officials at organizations serving children	
• Officials from organizations that promote child welfare	
• Parents	
• Law enforcement officers	
• Representatives from any local newspapers and radio/television stations	
• Social workers	
• Teachers	

	✓
Assess Existing Resources	
• Review current research	
• Review available programs/curricula	
• Visit classrooms where programs are or will be taught, or obtain written reviews from schools currently using the program	
• Review relevant materials	
• Research possible funding sources for training presenters or purchasing materials	
Prepare Presenters	
Although many types of presenters from various disciplines have been shown to be effective, research suggests that the more knowledgeable the presenters are, the more effective they will be when making presentations	
Preparation of presenters must include	
• Comprehensive training course including a review of the scope of the problem and effective use of the program	
• Support system to aid presenters	
• Monitoring system to evaluate presenters	
Presenters and/or qualified counselors must be	
• Familiar with the program material	
• Comfortable when discussing sensitive sexual material	
• Familiar with both verbal and nonverbal cues indicating possible abuse	
• Familiar with the behavioral and physical signs of child abuse and neglect	
• Knowledgeable about resources that are available to help parents and children when abuse or exploitation is detected	
• Knowledgeable about the law	
• Fully conversant with the process for disclosure	
• Screened (including a background check) and trained on reporting requirements and liabilities	
Design Comprehensive Evaluation Plan	
See "Program Evaluation Checklist" on page 15.	



ESSENTIAL ELEMENTS OF PROGRAMS TO REDUCE CHILD VICTIMIZATION

BASED ON THE STUDIES OF programs to reduce child victimization and the collective knowledge and experience of NCMEC and the Education Standards Task Force, the items noted below represent a general consensus on appropriate curriculum elements to be included in these programs.

Theoretical Basis

All programs to reduce child victimization must be based on existing research. Two concepts have proved useful in the development of these programs. First, programs should address protection as well as risk factors. Second, programs should seek positive behavioral change. The behavior-change theory most often cited in effective programs is the theory on social learning,[6] which proposes that behavioral change results from

- Observation of a model's behavior
- Active rehearsal of the desired behavior
- Consistent feedback about and reinforcement of the desired behavior

Developmentally Appropriate

Curriculum must be developmentally appropriate with regard to language, content, and teaching methods. The most successful programs are those that begin early and are tailored to the cognitive and learning abilities of children, with younger children requiring repeated behavioral rehearsal and feedback in order to comprehend the prevention strategies.

"Special-Needs" Children

Physically and developmentally challenged children have the same right and need to safety education as any other child. Programs must address or be adapted to meet the particular needs of these children in your community. Prevention education for special-needs children is of paramount importance because they are often the most vulnerable to victimization. Work with the special-education consultants in your school or community to ensure that the curriculum used meets these needs. Also ask about the possibility of having the consultants work one-on-one with these children to reinforce the safety rules taught in the program.

In general, special-needs children should participate in the program with the other children and be offered the opportunity to repeat key parts of the program more frequently, role-play more often, and have safety messages reinforced more frequently. For more information on available resources, contact the National Information Center for Children & Youth With

Disabilities in Washington, D.C., at 202-884-8200 and the Child Welfare League of America, also in Washington, D.C., at 202-638-2952. Also, seek out and review any available curricula specifically addressing special-needs children.

Skills Training

A wide variety of skills and concepts will be incorporated into any comprehensive program to reduce victimization, but programs need the core components of

- Teaching children to recognize dangerous and abusive situations
- Teaching children to distinguish between appropriate and inappropriate touch
- Teaching children to say "no" to unwanted overtures
- Teaching children skills to better protect themselves and avoid dangerous situations
- Encouraging children to tell an adult about such episodes
- Assuring children that such incidents are never the fault of the child

Program Length and Duration

Existing programs vary widely in length and range from a single session to multiple sessions over several years. Some research shows gains in knowledge after a single session, but more intensive programs produce better results. Although stand-alone, dramatic presentations are not adequate by themselves, they may be helpful, on occasion, to complement an ongoing program.

Mode of Presentation

Modes of presentation also vary. The most effective programs appear to be those that use behavior rehearsal, role-playing, and feedback to presenters and children. The active participation of a child in practicing the intended behavior or skill to be learned produces the most effective results.

14

CURRICULUM Scorecard

To evaluate safety programs, NCMEC developed this scorecard to help you grade programs that you are considering. The scorecard should be used to evaluate those programs that are currently used in your community. **Remember, safety programs need to be both comprehensive and effective to best serve the needs of children and the entire community.** [illegible] listed below [illegible] Scorecard [illegible]

Please note [illegible] difficult [illegible]

	MEETS CRITERIA	PARTIALLY MEETS CRITERIA	DOES NOT MEET CRITERIA
SKILLS			
Strengthens a child's self-confidence and self-esteem at every level	●	◗	○
Develops basic safety skills for young children by teaching them the importance of knowing their names, addresses, emergency telephone numbers; not going places alone; and notifying an adult when they go out	●	◗	○
Helps children distinguish between appropriate and inappropriate touch	●	◗	○
Instructs children to be able to say "no" to unwanted overtures	●	◗	○
Teaches children self-protective skills to avoid abduction and exploitation	●	◗	○
Encourages disclosure by instructing children to always tell an adult about inappropriate or unwanted behaviors	●	◗	○
Instructs children how to identify the private parts of their bodies using correct anatomical terms, if appropriate for your community	●	◗	○
Instructs children how to identify an adult they can trust, the importance of talking to an adult if something bothers them and that some secrets need to be told	●	◗	○
Instructs children that adults sometimes act inappropriately	●	◗	○
Emphasizes the fact that inappropriate adult behavior is never the fault of the child	●	◗	○
Teaches children that victims can be people of any age, size, color, or sex	●	◗	○
Teaches children that offenders can be children or adults of any age, size, color, sex, and either "strangers" or people they know	●	◗	○

	MEETS CRITERIA	PARTIALLY MEETS CRITERIA	DOES NOT MEET CRITERIA
PRESENTATION			
Grounded in theory and research	●	◗	○
Localizes curriculum to fit specific community needs	●	◗	○
Includes proper training for presenters, teachers, parents, and community officials	●	◗	○
Program and materials are age-appropriate (respects the developmental abilities and limitations of children at various ages)	●	◗	○
Includes training for developmentally and physically challenged children	●	◗	○
Incorporates demonstrations and rehearsal of desired behavior by each child	●	◗	○
Occurs on multiple occasions over several years and includes periodic reviews	●	◗	○
Includes supplemental sessions to reinforce skills	●	◗	○
Is interactive	●	◗	○
Includes homework	●	◗	○
Includes comprehensive evaluation	●	◗	○
Includes parental involvement	●	◗	○
Provides complete and accurate information about sex to older children, if appropriate for your community	●	◗	○
AWARENESS			
Fosters improved communication between a parent and child about personal safety	●	◗	○
Fosters in children the importance of adult supervision in their safety	●	◗	○
Requires the proper reporting of all child sexual or physical abuse	●	◗	○
Encourages parental and community involvement	●	◗	○
Promotes notification, by responsible adults, to the proper authorities, of any perceived changes in a child's behavior after instruction	●	◗	○
Fosters the idea that to obtain greater independence, children need to take on greater personal responsibility	●	◗	○
Fosters the idea that children have the right to control what happens to their bodies and to protect themselves	●	◗	○

PROGRAM Evaluation Checklist

	✓
Pre- and Post-Test Measurements of	
Children's knowledge of subject matter	
Incidence of reported abuses	
Incidence of disclosure	
Post-Test Evaluation of	
Attitudes of children, parents, and teachers about the	
• Effectiveness of the program	
• Effectiveness of the presenter	
Changes in child's behavior	
Changes in the levels of fear and/or anxiety in children	
Improved communication between parent and child regarding personal safety	
Post-Test Evaluation of Presenter	
Knowledge of issue	
Knowledge of law	
Sensitivity to delicate topics	
Ability to communicate with children	
Faithful implementation of program by following guidelines	
Effectiveness in teaching desired skills	
Sensitivity to feedback from children and parents	
Effectiveness in handling discussions	
Evaluation of Presentation	
Program includes multiple sessions	
Program length is sufficient to teach desired skills	
Program includes demonstrations of desired behavior	
Program includes behavior rehearsal and role-playing	
Program includes supplemental sessions to reinforce learning	
Program includes interesting and effective program materials	
Program includes homework	
Program includes parental involvement	
Mode of Evaluation (ranked by order of importance)	
Combination of questionnaires and personal interviews	
Behavior modeling to test skills	
Personal interviews	
Questionnaires	

As noted earlier, programs to promote child safety have been part of curricula taught in schools far longer than programs to reduce child victimization. To learn more about the effectiveness of these programs, NCMEC commissioned a review of the research literature in this area of child safety. The study was conducted by Ruth Luna, M.A., and David Finkelhor, Ph.D., at the University of New Hampshire's Crimes Against Children Research Center. The purposes of the review, which was completed in August 1998, were to determine what elements of programs regarding general child safety work best, identify those that do not work, and translate these findings into criteria for effective programs to reduce child victimization.

The review covered the topics of traffic safety and injury prevention including driver training education; drug, alcohol, and tobacco usage; suicide prevention; delinquency prevention; health promotion including heart health and dental hygiene; mental-health promotion; school-failure prevention; violence prevention; and sex education. In seven of the nine areas, the articles reviewed were published since 1990. A bibliography of the studies and articles reviewed by Ms. Luna and Dr. Finkelhor begins in the next column.

Findings

Elements of **effective** prevention programs taught in schools include a coherent theoretical basis; active, systematic, and specific skills training; multiple program components such as classroom training combined with parental involvement; interactive instructional techniques; individualized instruction and lower teacher:child ratios; full program implementation; and more intensive programs that are repeated many times during the school year.

Elements generally shown to be **ineffective** in such programs include teaching lectures and presentations targeted simply at increasing knowledge, use of fear tactics, efforts to change attitudes alone, and generalized approaches.

In addition, many types of presenters have been shown to be effective, but more experienced presenters do better in some areas such as sex education. Programs targeting younger children tend to be more effective in areas where it is important to intervene before negative behaviors and norms are established such as smoking and sexual activity. In no area has research suggested that immaturity or lack of comprehension is a barrier to effectiveness with younger children. Programs have sometimes been shown to be differentially effective with one sex, especially in areas such as sexual behavior and suicide, in which problem dynamics differ by sex. Thus, tailoring programs based on sex in certain domains appears to have merit.

Beelman, A., Pfingsten, U., & Losel, F. (1994). Effects of training social competence in children: A meta-analysis of recent evaluation studies, Journal of Clinical Child Psychology, 23, pp. 260-271.

Berrick, J.D., & Gilbert, N. (1991) With the best of intentions. New York: Guilford Press.

Botvin, G.J., & Botvin, E.M. (1992). Adolescent tobacco, alcohol, and drug abuse: Prevention strategies, empirical findings, and assessment issues. Journal of Developmental and Behavioral Pediatrics, 13(4), pp. 290-301.

Brooks-Gunn, J., & Paikoff, R.L. (1993). Sex is a gamble, Kissing is a game: Adolescent sexuality and health promotion. In S.G. Millstein, A.C. Petersen, & E.D. Nightingale (Eds.), Promoting the health of adolescents: New directions for the twenty-first century, pp. 180-208. New York: Oxford University Press.

Brown, L.F. (1994). Research in dental health education and health promotion: A review of the literature, Health Education Quarterly, 21, pp. 83-102.

Bruvold, W.H. (1993). A meta-analysis of adolescent smoking prevention programs. American Journal of Public Health, 83, pp. 872-880.

Chandler, L.K., Lubeck, R.C., & Fowler, A.S. (1992). Generalization and maintenance of preschool children's social skills: A critical review and analysis, Journal of Applied Behavior Analysis, 25, pp. 415-428.

Christopher, F.S. (1995). Adolescent pregnancy prevention, Family Relations, 44, pp. 384-391.

Coben, J.H., Weiss, H.B., Mulvey, E.P., & Dearwater, S.R. (1994). A primer on school violence prevention, Journal of School Health, 64, pp. 309-313.

Denham, S.A., & Almeida, M.C. (1987). Children's social problem-solving skills, behavioral adjustment, and interventions. A meta-analysis evaluating theory and practice, Journal of Applied Developmental Psychology, 8, pp. 391-409.

Dryfoos, J.G. (1990). Adolescents at risk: Prevalence and prevention. New York: Oxford University Press.

Durlak, J.A. (1995). School-based prevention programs for children and adolescents. Thousand Oaks, CA: Sage Publications.

Durlak, J.A. (1997a). Primary prevention programs in schools. Advances in Clinical Child Psychology, 19, pp. 283-318.

Durlak, J.A. (1997b). Successful prevention programs for children and adolescents. New York: Plenum Press.

Durlak, J.R., & Wells, A.M. (1997). Primary prevention mental health programs for children: A meta-analytic review. American Journal of Community Psychology, 25, pp. 115-152.

Dusenbury, L., & Falco, M. (1995). Eleven components of effective drug abuse prevention curricula. Journal of School Health, 65, pp. 420-425.

Dusenbury, L., Falco, M., & Lake, A. (1997). A review of the evaluation of 47 drug abuse prevention curricula available nationally. Journal of School Health, 67(4), pp. 127-132.

Ennett, S.R., Tobler, N.S., Ringwalt, C.L., & Flewelling, R.L. (1994). How effective is drug abuse resistance education? A meta-analysis of Project DARE outcome evaluations. American Journal of Public Health, 84, pp. 1394-1401.

Finkelhor, D., & Dziuba-Leatherman, J. (1995). Victimization prevention programs. A national survey of children's exposure and reactions. Child Abuse & Neglect, 19(2), pp. 125-135.

Garland, A.F., & Zigler, E. (1993). Adolescent suicide prevention: Current research and social policy implications. American Psychologist, 48, pp. 169-182.

Glynn, T.J. (1994). School programs to prevent smoking: The National Cancer Institute guide to strategies that succeed (Vol. ED373302) ERIC.

Gorman, D.M. (1995). Are school-based resistance skills training programs effective in preventing alcohol misuse? Journal of Alcohol and Drug Education, 41, pp. 74-95.

Gottfredson, G.D. (1987). Peer group interventions to reduce the risk of delinquent behavior: A selective review and a new evaluation. Criminology, 25, pp. 671-714.

Iammarino, N.K., Weinberg, A.D., & Holcomb, J.D. (1980). The state of school heart health education: A review of the literature. Health Educational Quarterly, 7(4), pp. 298-320.

Johnson, D.W., & Johnson, R.T. (1996). Conflict resolution and peer mediation programs in elementary and secondary schools: A review of the research. Review of Educational Research, 66, pp. 459-506.

Kazdin, A.E. (1993). Adolescent mental health: Prevention and treatment programs. American Psychologist, 48, pp. 127-141.

Kelly, J.A. (1995). Advances in HIV/AIDS education and prevention. Family Relations, 44, pp. 345-352.

Kim, N., Stanton, B., Li, X., Dickerson, K., & Galbraith, J. (1997). Effectiveness of 40 adolescent AIDS-risk reduction interventions: A quantitative review. Journal of Adolescent Health, 20(3), pp. 204-215.

Kirby, D. (1992). School-based programs to reduce sexual risk-taking behaviors. Journal of School Health, 62(7), pp. 280-287.

Kirby, D., Short, L., Collins, J., Rugg, D., Kolbe, L., Howard, M., Miller, B., Sonenstein, F., & Zabin, L.S. (1994). School-based programs to reduce sexual risk behaviors: A review of effectiveness. Public Health Reports, 109, pp. 339-360.

Kohler, F.W., & Strain, P.S. (1990). Peer-assisted interventions: Early promises, notable achievements and future aspirations. Clinical Psychology Review, 10, pp. 441-452.

Kraizer, S., Witte, S.S., & Freyer, G.E. (1989). Child sexual abuse prevention programs: What makes them effective in protecting children: Children Today, 18, pp. 23-27.

Lupton, D., & Tulloch, J. (1996). All red in the face: Students' view on school-based HIV/AIDS and sexual education. Sociological Review, 44(2), pp. 252-272.

Mann, R.E. (1986). School-based programs for the prevention of drinking and driving. Issues and results. Accident Analysis and Prevention, 18 (Special Issue: Youth and traffic accident risk), pp. 325-337.

Mazza, J.J. (1997). School-based suicide prevention programs: Are they effective? School Psychology Review, 26, pp. 382-386.

Mulvey, E.P., Arthur, M.W., & Reppucci, N.D. (1993). The prevention and treatment of juvenile delinquency: A review of the research. Clinical Psychology Review, 13, pp. 133-167.

Pierre, N., & Cox (1997). Teenage pregnancy prevention programs. Current Opinion in Pediatrics, 9(4), pp. 310-316.

Pless, I.B., & Aresenault, L. (1987). The role of health education in the prevention of injuries to children. Journal of Social Issues, 43, pp. 87-103.

Prue, D.M., Wynder, E.L., Scharf, L.S., & Resnicow, K.A. (1987). Health education and behavior analysis. Education and Treatment of Children, 10 (Special Issue: Health promotion in children: A behavior analysis and public health perspective: II), pp.19-32.

Reppucci, N.D., & Haugaard, J.J. (1989). Prevention of child sexual abuse: Myth or reality. American Psychologist, 44(10), pp. 1266-1275.

Roberts, M.C., Fanurik, D., & Layfield, D.A. (1987). Behavioral approaches to prevention of childhood injuries. Journal of Social Issues, 43, pp. 105-118.

Robertson, L.S. (1983). Injuries: Causes, control strategies, and public policy. Lexington, MA: Lexington Books.

Sanderson, C.A., & Wilson, S.N. (1991). Sexuality education in schools: Planning the future. Curriculum Review, 30, pp. 3-7.

Schneider, B.H. (1992). Didactic methods for enhancing children's peer relations. A quantitative review. Clinical Psychology Review, 12, pp. 363-382.

Slavin, R.E., Karweit, N.L., & Wasik, B.A. (1993). Preventing early school failure: What works? Educational Leadership, 50(4), pp. 10-18.

Strein, W. (1988). Classroom-based elementary school affective education programs: A critical review. Psychology in the Schools, 25, pp. 288-296.

Tobler, N.S. (1992). A meta-analysis of adolescent drug prevention programs. Unpublished Dissertation, State University of New York, Albany, NY.

Tolan, P.H., & Guerra, N.G. (1994). Prevention of delinquency: Current status and issues. Applied and Preventive Psychology, 3, pp. 251-273.

Webster, D.W. (1993). The unconvincing case for school-based conflict resolution programs for adolescents. Health Affairs, 12(4), pp. 126-140.

Wolf, M.C., Cohen, K.R., & Rosenfeld, J.G. (1985). School-based interventions for obesity: Current approaches and future prospects. Psychology in the Schools, 22, pp. 187-200.

Wurtele, S.K., Kast, L.C., & Melzer, A.M. (1992). Sexual abuse prevention education for young children: A comparison of teachers and parents as instructors. Child Abuse & Neglect, 16, pp. 865-876.

Zigler, E., Taussig, C., & Black, K. (1992). Early childhood intervention: A promising preventative for juvenile delinquency. American Psychologist, 47, pp. 997-1006.

ENDNOTES

[1]Wang, C., & Daro, D. (1998). Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey. Chicago: IL, National Committee to Prevent Child Abuse.

[2]Bureau of Justice Statistics Sourcebook of Criminal Justice Statistics-1996. Washington, D.C.: Office of Justice Programs, U.S. Department of Justice.

[3]Rape in America: A Report to the Nation. (1992). Arlington, VA: National Victim Center.

[4]Ibid at 1.

[5]Conte, J.R., Wolf, S., & Smith, T. (1989). What sexual offenders tell us about prevention strategies. Child Abuse & Neglect, 13, 293-301.

[6]NCIC Missing/Unidentified Person File Report for 1998. (1999). Washington, D.C.: National Crime Information Center, Federal Bureau of Investigation, U.S. Department of Justice.

[7]The number of missing children per day was compiled by the Case Analysis and Support Division of the National Center for Missing & Exploited Children based on the National Crime Information Center's estimate that historically 85 - 90 percent of all missing person cases reported each year are juveniles.

[8]Finkelhor, D., Hotaling, G., & Sedlak, A. (1990). National incidence studies of missing, abducted, runaway and thrownaway children (NISMART). Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. The research for NISMART 2 is currently being completed and will be released in 2000.

[9]Hanfland, K.A., Keppel, R.D., & Weis, J. (1997). Case management for missing children homicide investigations: Executive summary. Olympia, WA: Office of the Attorney General State of Washington and U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention.

[10]Barone, F. (September 1997). Bullying in school: It doesn't have to happen. Phi Delta Kappan, pp. 80-82.

[11]Olweus, D. (1993). Bullying at school. Cambridge, MA: Blackwell Publishers, Inc.

[12]Fried, S., & Fried, P. (1996). Bullies and victims. Helping your child through the schoolyard battlefield. New York, NY: M. Evans & Co., Inc.

[13]Statement of Dr. Mark L. Rosenberg, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Department of Health and Human Services, Hearing on School Violence, March 11, 1999. For additional information contact the National Center for Injury Prevention and Control, Mailstop K65, 4770 Buford Highway, NE, Atlanta, GA, 30341-3724, 770-488-1507, http://www.cdc.gov/ncipc.

[14]Meegan, S. (1994). Reducing the vulnerability of children to abduction and abuse: Guidelines for selecting an elementary school personal safety program. Boxford, MA: Impact on Youth Educational Services and based on the information Ms. Meegan shares with educators in the numerous training sessions she presents annually throughout the United States.

[15]In July 1998 the Legislative Affairs Division of the National Center for Missing & Exploited Children compiled a list of the states that mandate safety education in schools. As of that date those states include Alaska, California, Connecticut, Florida, Illinois, Kentucky, Louisiana, Maryland, Mississippi, New Hampshire, New York, North Carolina, Tennessee, Washington, and West Virginia.

[16]Luna, R., & Finkelhor, D. (1998). (Unpublished) School-based prevention programs: Lessons for child victimization prevention. Center for Research on

Crimes Against Children, University of New Hampshire.

[17]Berrick, J.D., & Barth, R.P. (1992). Child sexual abuse prevention: Research review and recommendations. Social Work Research & Abstracts, 28, 6-15.

[18]Reppucci, N.D., & Haugaard, J.J. (1989). Prevention of child sexual abuse: Myth or reality American Psychologist, 44,1266-75; Wurtele, S.K., & Miller-Perrin, C. (1992). Preventing child sexual abuse: Sharing the responsibility. Lincoln: University of Nebraska Press; Finkelhor, D., & Strapko, N. (1992). Sexual abuse prevention education: A review of evaluation studies. In D.J. Willis, E.W. Holden, & M. Rosenberg. (Eds.) Child abuse prevention. New York, NY: Wiley; Hazard, A. (1992). Prevention of child sexual abuse. In R.T. Ammerman & M. Hersen (Eds.) Treatment of family violence. New York, NY: Wiley; Daro, D. (1991). Prevention programs. In C. Hollin, & K. Howells. (Eds.) Clinical approaches to sex offenders and their victims. New York, NY: Wiley, pp. 285-396; Carroll, L., Miltenberger, R., & O'Neill, K. (1992). A review and critique of research evaluating child sexual abuse prevention programs. Education and Treatment of Children, 15, pp. 335-354.

[19]Kraizer, S., Witte, S.S., & Fryer, G.E. Jr. (1989). Child sexual abuse prevention programs. What makes them effective in protecting children? Children Today, 18, 23-27.

[20]Wurtele, S.K., & Owens, J.S. (1997). Teaching personal safety skills to young children: An investigation of age and gender across five studies. Child Abuse & Neglect, 21, 805-814.

[21]Ibid.

[22]Ibid.

[23]Finkelhor, D., Asdigian, N., & Dziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instruction: An evaluation of children's responses to actual threats and assaults. Child Abuse & Neglect, 19, 141-153.

[24]Kolko, D., Moser, J., & Hughes, J. (1989). Classroom training in sexual victimization awareness and prevention skills: An extension of the Red Flag/Green Flag people program. Journal of Family Violence, 4, 25-45.

[25]Hazard, A., Webb, C., & Kleemeier, C., et al. (1991). Child sexual abuse prevention: Evaluation and one year follow-up. Child Abuse & Neglect, 15, 123-138.

[26]Ibid.

[27]Tutty, L.M. (1997). Child sexual abuse prevention programs: Evaluation: Who do you tell? Child Abuse & Neglect, 21(9), 869-881.

[28]Finkelhor, D., & Dziuba-Leatherman, J. (1995). Victimization prevention programs: A national survey of children's exposure and reactions. Child Abuse & Neglect, 19,129-139.

[29]Tutty, L. (1990b). The effectiveness of child abuse prevention programs. An evaluation of The Community Child Abuse Council of Hamilton-Wentworth Program "Touching." Waterloo, Ontario: Centre for Social Welfare Studies, Wilfrid Laurier University.

[30]Hazard, A., Kleemeier, C.P., & Webb, C. (1990). Teacher versus expert presentations of sexual abuse prevention programs. Journal of Interpersonal Violence, 5, 23-36.

[31]Wurtele, S.K., Kast, L.C., & Melzer, A.M. (1992). Sexual abuse prevention education for young children: A comparison of teachers and parents as instructors. Child Abuse & Neglect, 16, 865-876.

[32]Wurtele, S., Marrs, S., & Miller-Perrin, C. (1987). Practice makes perfect: The role of participant modeling in sexual abuse prevention programs. Journal of Consulting and Clinical Psychology, 55, 599-602.

[33]Ibid.

[34]Information on effective tools for assessing alcohol and drug prevention programs can be found in Safe and Drug-Free Schools and Communities Act: State Grants for Drug and Violence Prevention Program. Washington, D.C.: U.S. Department of Education, May 1998, and Prevention Plus III. Washington, D.C.: U.S. Department of Health and Human Services, 1991. *Editor's Note:* Because programs to promote child safety have been part of curricula taught in schools far longer than programs to reduce child victimization, evaluation tools are more readily available in that child-safety arena, however, those tools may have limitations in effectively evaluating programs to reduce child victimization.

[35]Kirby, D. (1992). School-based programs to reduce sexual risk-taking behaviors. Journal of School Health, 62 (7), 280-287.

[36]Such curricula include

- Dreyer, L.B., & Haseltine, B.A. (1986). The Woodrow Project: A sexual abuse prevention curriculum for the developmentally disabled. Fargo, ND: Rape and Abuse Crisis Center.
- Krents, E., & Atkins, D. (1985). No-Go-Tell! A child protection curriculum for very young disabled children. New York, NY: Lexington Center.
- LaBarre, A., Hinkley, K.R., & Nelson, M.F. (1986). Sexual abuse! What is it? An informational book for the hearing impaired. St. Paul, MN: Regions Hospital Foundation.
- O'Day, B. (1983). Preventing sexual abuse of persons with disabilities: A curriculum for hearing impaired, physically disabled, blind, and mentally retarded students. St. Paul, MN: Program for Victims of Sexual Assault, Department of Corrections.
- James Stanfield Co. (1986). Circles II: Stop Abuse. (Available from James Stanfield Co., 1-800-421-6534.)

In order to update this listing in future editions, let us know about any special resources you are aware of in this area by contacting the National Center for Missing & Exploited Children's Education Standards Task Force at 1-800-THE-LOST (1-800-843-5678).

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